UNITED STATES DISTRICT COURT

for the

Western District of Virginia

WHOLE WOMAN'S HEALTH ALLIANCE et al)
Plaintiff)
v. UNITED STATES FOOD AND DRUG) Civil Action No. 3:23-cv-00019
ADMINISTRATION et al.)
 Defendant)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) United States Food and Drug Administration c/o U.S. Attorney Christopher R. Kavanaugh United States Attorney's Office, Western District of Virginia U.S. Courthouse and Federal Building 255 West Main Street, Room 130 Charlottesville, Virginia 22902

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gail Deady (VSB # 82035) Rabia Muqaddam Center for Reproductive Rights 199 Water St, 22nd Fl New York, NY 10038

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 5/8/2023

LAURA A. AUSTIN, CLERK OF COURT

Deputy Clerk

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

		ne of individual and title, if any)				
was re	eceived by me on (date)	·				
	☐ I personally served	the summons on the individua	al at (place)			
			on (date)	; or		
	☐ I left the summons	at the individual's residence of	or usual place of abode with (name)			
	, a person of suitable age and discretion who resides there,					
	on (date), and mailed a copy to the individual's last known address; or					
	☐ I served the summo	ons on (name of individual)			, who is	
	designated by law to accept service of process on behalf of (name of organization)					
			on (date)	; or		
	☐ I returned the sumr	nons unexecuted because			; or	
	Other (specify):	_				
	My fees are \$	for travel and \$	for services, for a total of \$			
	I declare under penalty	y of perjury that this informati	ion is true.			
Date:			Server's signature			
			20.76. 238			
			Printed name and title			
			Server's address			
Addit	ional information regard	ing attempted service, etc:				